



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 20 February 2019



William Street Care Home

Type of Service: Residential Care Home
Address: 98 William Street, Londonderry, BT48 9AD
Tel No: 028 7126 4213
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered with RQIA to accommodate a maximum of 27 residents within the category of care for older people.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Anne Kilgallen, Chief Executive.	Registered Manager: Moia Patricia Irvine
Person in charge at the time of inspection: Moia Patricia Irvine	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 27

4.0 Inspection summary

An unannounced inspection took place on 20 February 2019 from 11.30 to 14.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to assess progress with areas identified for improvement during and since the previous care inspection and sought to determine if the home was delivering safe, affective, compassionate care and if this was well led.

It is not the remit of RQIA to investigate complaints/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements
- meals and mealtimes
- environment

All residents spoken with during the inspection said they enjoyed living in the home and that the care provided by staff was excellent. No concerns or issues were raised or indicated.

4.1 Inspection outcome

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Moia Irvine, registered manager, as part of the inspection process and are within the main body of this report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records; previous inspection report, notifiable events and any written and verbal communication received since the previous inspection.

During the inspection the inspector met with three staff, one resident's visitor and all residents, several individually and with others in group format.

The following records were examined during the inspection:

- RQIA registration certificate
- staff duty roster
- staff training
- two competency and capability assessments
- menus
- two care records
- audits – care records and environmental
- monthly monitoring reports
- residents' weights
- residents' meetings

An inspection of the internal environment of the home was undertaken.

Areas for improvement identified at the last care inspection were reviewed and the assessment of compliance recorded as met.

Ten satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two residents and one relative's questionnaires were completed and returned to RQIA within the timescale. No questionnaires were returned from staff.

The findings of the outcome of the inspection were provided to Moia Irvine, registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2019.

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 30 November 2018	The registered manager shall ensure that the audit template of care plans includes indicators as set within minimum care standards. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of audits undertaken indicated that this area of improvement had been addressed.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 30 November 2018	The registered manager shall ensure that update staff training is provided in First Aid, GDPR and restrictive practice. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of staff training records evidenced that GDPR training had been provided for all staff. Three day training in first aid was provided for all senior care staff. There is always a senior care staff member on duty during each shift who is subsequently the recognised named first aider. This information was evidenced within the staff duty roster. The registered manager advised that training in restrictive behaviour was scheduled for March 2019.	

6.3 Inspection findings

On arrival at the home all residents were observed to be up, washed and dressed. Many residents were observed moving freely around the home; several walked independently while others walked with the aid of frames or delta rollators. Several residents sat in the main lounge area quietly socialising, reading the daily papers or watching television. Some residents participated in prayer with the local church lay reader while others choose to remain within their bedrooms relaxing or reading books borrowed from the home's library. There was no evidence of any aimless wandering around the home or ill residents confined to bed.

All residents were observed to be neatly dressed with their personal care needs attended. Many residents wore jewellery and colour coordinated clothing. Residents were relaxed, content and spoke freely with the inspector.

Staffing arrangements

Staffing levels as reflected within the staff duty roster were discussed with the registered manager who advised that staff provision and deployment was satisfactory in meeting the actual and potential assessed needs of residents accommodated.

The registered manager advised that all care staff were registered with Northern Ireland Social Care Council (NISCC) and that senior care staff were deemed competent and capable to manage the home when she was off duty. Currently, part time permanent staff work additional hours to provide cover for annual leave or days off. This data was noted within the staff duty roster.

The registered manager advised that one agency staff member was currently commissioned to provide cover for one vacant post. The agency staff induction programme was discussed with the registered manager who explained that the format had been recently reviewed and revised to include greater detail in respect of training and care practice. These were found to be comprehensive, dated and signed by the staff member and registered manager.

The registered manager explained that a key worker arrangement for an allocated number of residents was operational so that residents' care can be appropriately co-ordinated, monitored and managed in accordance with good practice.

The electronic records of care staff registrations with the Northern Ireland Social Care Council (NISCC) were discussed. The registered manager advised that these were closely monitored by her and the trust governance team.

Records of competency and capability assessments of senior staff who act up when the registered manager is not in the home were reviewed and were found to be current and satisfactorily completed, dated and signed by both parties.

The registered manager confirmed that a hand over report is provided at all staff shift change so that staff coming on duty are fully informed of the care to be provided including changes to the care plan.

Residents who spoke with the inspector indicated total satisfaction with the care provided and confirmed that staff were always readily available and would answer their call bells in a prompt manner. Residents confirmed that staff always treated them with dignity and respect.

Throughout the inspection staff were observed to be readily available; supervising and assisting residents as required. Residents' visitors were observed to be made welcome by staff.

Staff who spoke with the inspector stated that staffing levels were satisfactory in meeting the needs of residents and that ongoing staff training, staff meetings and supervision was provided on a regular basis. Staff demonstrated good awareness of residents' needs and planned care. No issues or concerns were raised or indicated by staff.

Two residents and one relative's satisfaction questionnaires were completed and returned to RQIA within the timescale. Respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. Comment recorded within one resident's questionnaire included "I can honestly say that my care and wellbeing as a resident of William Street Residential Care Home is absolutely top class. I have got a lovely home, full of consent care, respect and dignity".

One relative's recorded comment included: "The family are delighted with the care our mother receives. The staff are wonderful. They are very kind and keep the mood light hearted. My mother loves the staff and it is a real home from home".

Meals and meal times

The registered manager explained that three main meals were provided each day. Mid-morning and afternoon snacks and supper was also provided each day. Additional snacks were provided if desired. Breakfast was provided between eight and nine o'clock, dinner at 1pm and evening tea at 5pm. Mid-day snacks and tea was provided at 11am and 3pm and 7pm.

The registered manager advised that the two weekly rotating menus were currently being reviewed and revised to increase these to a three weekly rotational basis. Meetings were arranged with the cook, residents and staff to discuss and agree the menu content. Review of the current menus evidenced that these were varied and nutritious. Special/therapeutic diets were provided as required. The registered manager advised that residents were involved in seasonal menu planning during residents' meetings. This was included within minutes of the meeting.

Residents who spoke with the inspector confirmed that menus were provided for special occasions such as Halloween, Easter and Christmas. Resident birthdays were also celebrated.

Residents explained they could choose to have their meal in their bedroom if desired or where they wished to sit if using the dining room.

Records of staff training evidenced that care staff, cook and kitchen staff had received training in The International Dysphagia Diet Standardisation Initiative (IDDSI). The associated guidance flow test chart was displayed within the kitchen and staff office.

The daily menu was displayed in a suitable format within the dining/lounge area so that residents and their visitors know what is available at each mealtime.

Residents' meals were served at the dining room hatch by the cook and kitchen assistant. Two care staff served the meals to residents. One senior care staff member was also in attendance providing medication as prescribed.

Dining room tables were nicely set with tablecloths, condiments, napkins and drinks. The three course meal was respectfully served by staff in an unhurried manner. Adequate sized portions

of food were served. Residents confirmed they received their chosen meal and could change their mind at late notice if wished.

Staff closely supervised and assisted residents as required. Soft back ground music was played throughout the meal which added to the pleasant ambience of this important social occasion.

Two care records examined reflected diets, likes and dislikes of food. Nutritional risk assessments were in place and reviewed as required. The registered manager advised that when a resident chooses not to eat a meal or is unable to do so, a record is kept of all food and drinks consumed. Likewise where a resident is eating excessively, a similar record is kept. The registered manager advised that when issues arise in this regard direct referral to the dietician was made following consultation with the resident or relative as appropriate. The resident's general practitioner is also notified.

Each resident is weighed on a monthly basis or more frequently if required. Close monitoring of weights is undertaken by care staff and the senior care assistant.

The home received the high rating of 5 following the Environmental Food Hygiene inspection on 9 May 2017. This is to be commended.

Comments made by residents during the inspection included;

- "Meals are lovely and we have choice."
- "We have special meals at times during the year, Christmas, Easter and Halloween."
- "I am a diabetic and get the right meals."
- "We are consulted about the menus and tell the cook our likes and dislikes."
- "Absolutely no issues about our meals they are good."

No issues or concerns about meals / meal times were raised or indicated by staff or residents who spoke with the inspector.

Environment

An inspection of the home was undertaken. All areas were observed to be clean, tidy, organised, comfortably heated and fresh smelling. There was a good range of natural/artificial lighting and ventilation with window openings within the restricted opening range.

The registered manager explained that residents had requested installation of WI FI so that they could access the internet etc. This was recently installed to accommodate residents' wishes. The home/trust is to be commended in this regard.

Furniture and furnishings were observed to be of a good standard and deemed suitable for residents. Whilst bedrooms were of similar size, all were differently decorated to each resident's choice. Personal memorabilia was displayed within each room. Resident/staff call points were considered to be assessable in all rooms used by residents and linked to a system that alerted staff that a call is being made or assistance is required.

There was a good range of information sharing in place on relevant notice boards for residents, staff and visitors. Notice boards positioned throughout the home contained information including; how to complain; activities and health matters; and community events; staff training opportunities and staff photographs.

Residents could avail of a small library within the home where books could be borrowed. There were designated reminiscence rooms which were suitably furnished and decorated to enhance mental stimulation of by gone times. Residents who spoke with the inspector stated they loved this room as it helped them to remember how things were many years ago and the good times they had enjoyed.

There were sufficient storage areas for equipment, clean linen and other supplies as required.

All fire doors were closed and fire exits unobstructed. There was no evidence of wedged open doors. The residents' identified smoking room was adequately ventilated and contained necessary fire safety equipment and call bell. The marks to the floor in this room were discussed with the registered manager who explained these had occurred some time ago and despite several attempts could not be removed. The registered manager explained that residents using the smoking room were closely supervised by staff. The care records pertaining to two residents who smoked contained risk assessments and specific care plans which reflected measures to minimise risk and agreed management of smoking.

Infection protection and control resources in the form of disposable gloves, aprons and hand sanitising gels were mounted on walls at convenient areas throughout the home.

Safe secure outdoor patio areas were available to residents. Shrub areas were noted to be unkept. The registered manager explained that work to this area had been arranged for the near future, weather permitting.

Comments made by residents in respect of their environment included;

- "My room is lovely, cleaned every day and nice and warm."
- "I love the memory room with all the furniture that we had years ago."
- "I noticed that staff wash their hands often."
- "I love this home, everything is nice and my bed and the chairs are really comfortable".

Areas of good practice

Evidence of good practice was found in relation to the provision of safe staffing levels, meals and mealtimes and the general standard of the internal environment of the home.

Areas for improvement

No areas for improvement were identified for improvement during this inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)